

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC

440-2017-00326

**Illinois Department Of Human Rights**

State or local Agency, if any

and EEOC

Name (Indicate Mr., Ms., Mrs.)

**Sunday A. Cosmano**

Home Phone (Incl. Area Code)

Date of Birth

Street Address

City, State and ZIP Code

**Mount Prospect, IL 60056**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**STATE OF ILLINOIS LOTTERY**

No. Employees, Members

**500 or More**

Phone No. (Include Area Code)

**(312) 793-2385**

Street Address

City, State and ZIP Code

**100 West Randolph Street, Chicago, IL 60601**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION  
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE  
 Earliest Latest

**12-28-2015**

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began my employment with Respondent on or about August 1, 1990. My most recent position was Lottery Sales Representative. During my employment, I was subjected to sexual harassment. I complained to no avail. Subsequently, I was disciplined, suspended, and eventually discharged on or about April 15, 2014. Following a union arbitration, I was reinstated on or about September 24, 2015. I was discharged again on December 28, 2015.

I believe I have been discriminated against because of my sex, female, and in retaliation for engaging in protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

**Oct 24, 2016**

Date

**Sunday A. Cosmano**

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
 (month, day, year)